



TNTrade Market Access Program (MAP) Application

State of Tennessee
Economic and Community Development
312 Rosa L Parks Avenue, 11th Floor
Nashville, TN 37243
ecd.tntrade@tn.gov
www.tn.gov/ecd/tntrade





TNTrade: MAP Directions and Checklist

Dear MAP Applicant:

Thank you for your interest in the Market Access Program (MAP). This reimbursement program is a valuable tool available to qualifying companies seeking financial assistance to enter foreign markets. MAP provides a 50 percent reimbursement for up to \$5,000 per year for qualified and approved export activities. To apply, review the MAP Overview to ensure that your company and your proposed export plans are eligible, and then complete the application.

Once you have submitted your completed application, which includes a budget, it will be reviewed. Applications are scored based on four areas: company description (10%), project description (30%), economic impact (50%) and project budget (10%). This program is on a first come basis and all applications that score 70 or higher (on a 100 point scale) will be approved.

On average, a decision will be made within three weeks once all documentation is received. The company will receive a letter stating what amount has been approved (up to \$5,000). Receipts for all approved eligible activities must be submitted to TNTrade within 30 days of completion of the activity to receive reimbursement.

Submit a complete application to the Tennessee Department of Economic & Community Development TNTrade. Applications can be emailed to ecd.tntrade@tn.gov with *MAP Application* in the subject line, or mail to:

State of TN- ECD
Attn: TNTrade, MAP
312 Rosa L Parks Ave., 11th Floor
Nashville, TN 37243

For more information visit www.tn.gov/ecd/tntrade. If you have additional questions contact Patrick Baird at ecd.tntrade@tn.gov or 615/532.1938.

Thank you for your interest!

TNTrade Team

Application checklist:

- ☐ Application (includes the (A) Supplement Information and (B) Certification)
- ☐ Certify, sign and date US Small Business Administration form *Self Representation As An 'Eligible Small Business Concern'*
- ☐ Certify, sign and date US Small Business Administration form *Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion, Lower Tier Covered Transactions*





TNTrade: MAP Application

EVENT/ACTIVITY:

STIPEND REQUESTED:

Directions: Please include requested information for all sections. Be accurate and thorough to avoid delays in processing. Where no response is possible, please write N/A. Attachments and additional pages are not required unless specifically requested in the application. We will contact you if supplemental information is required.

☐ Company Information

Contact Person: _____ Title: _____
Legal Name of Business: _____ (dba): _____
Street Address: _____
City: _____ State: _____ Zip: _____ County: _____
Contact Phone: _____ Business Phone: _____ Business Fax: _____
Contact Email: _____ Business Website: _____
State of Incorporation: _____ Business TIN/FEIN: _____
Number of Employees in TN: _____ Number of employees worldwide: _____

Sales and Exports

What percent of your annual revenues result from exporting? _____ Number of years exporting: _____
To how many countries do you currently export? _____

☐ Company Description (10%)

1. Brief, non-technical description of company's products and/or services and applications. (character limit to space provided)
Answer: _____

2. How has the international market impacted company growth over past five years. (character limit to space provided)
Answer: _____

□ **Project Description (30%)**

1. Describe the proposed international market activity. Include start and completion dates. (character limit to space provided)

Answer:

2. Why has this activity been targeted? Provide project objectives. (character limit to space provided)

Answer:

3. How does this activity support the company's overall growth and export strategies? (character limit to space provided)

Answer:

4. Is additional market research or preparation required before undertaking this activity? If yes, please explain. (character limit to space provided)

Answer:

5. What is the follow-up plan once the activity is completed? (character limit to space provided)

Answer:

6. Have you received funding from any other source for this activity? If yes, please disclose details. (character limit to space provided)

Answer:

7. Would your company still participate in this activity if funds were not granted? (character limit to space provided)

Answer:

☐ **Economic Impact (50%)**

1. What is the anticipated corporate impact upon successful completion of this activity (i.e. increased sales, employment, etc.)? Provide three year projections. (character limit to space provided)

Answer:

2. How would participation in this activity benefit Tennessee (i.e. use of local suppliers, use of local/regional airport, etc)? (character limit to space provided)

Answer:

☐ **Project Budget (10%)**

Applicants must match requested grant funds on a 1:1 basis and will be required to submit proof of expenses to the Department TNTrade at the conclusion of the activity. A detailed budget may be attached to support what is documented in this section.

(Use whole dollar amounts, round cents up.)

◦ Travel - airfare, taxes, entry visa (economy class; see Fly America requirements)*	_____	+
◦ Lodging* (room & tax only)	_____	+
◦ In-country transportation to/from activity/event	_____	+
◦ Translator/Interpreter fees	_____	+
◦ Event/activity registration fee, booth fee, equipment rental	_____	+
◦ Subscription to U.S. Department of Commerce services	_____	+
◦ Independent consultant assistance/training/certification/registration fees	_____	+
◦ Other grant/subsidy funding received for this activity/event	_____	-
	TOTAL	\$

*Refer to '[Fly America Act](#)' and '[Open Skies Agreement](#)' and [federal per diem](#) rates for budget.

☐ **Trade Events**

Type Event/Activity:

Date: (MM/DD/YY-M/DD/YY)

Location:

Notes/Additional Comments

☐ **Signature**

I attest that the information provided in this application is true and correct, as evidenced by my signature below. I also understand that this information will be reviewed and is pending approval. This application must be complete and signed or it will not be considered.

Signature of Authorized Company Representative: _____

Print Name: _____

Date: _____

QUESTIONS? Contact ecd.tntrade@tn.gov or 615/532.1938.

☐ **Question space extension**

Use this space to further answer any questions from Company and Product Description and/or Economic Impact.
Be sure to include question section and number.



TNTrade: MAP Application Supplement Information

To be completed by all applicants.

- | | | |
|---|------------------------------|-----------------------------|
| 1) Are you or any of your company's officers, directors, major shareholders, or the spouses/close relative of such individuals presently employed by the state of Tennessee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Has the company, its officers, or its directors faced any litigation concerning bankruptcy, criminal activity, securities law or business practices during the last 10 years? If yes, please provide information on the litigation below.* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Is company HUB Zone certified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Does (or has) company participate in 8(a) Business Development Program ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Is company service-disabled veteran or veteran-owned ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Is company woman-owned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Is company minority-owned? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8) Is company certified through a specific entity (SBA, TDOT, Go-DBE, WBENC, TMSDC, etc.)? If yes, which entity(s)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9) Is company registered in CCR ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If in CCR, [CAGE Code](#):

DUNS Number:

*Explain "yes" answer regarding material litigation here:

Signature of Authorized Company Representative:

Print Name:

Date:



TNTrade: MAP Application Certification

Legal Name of Business: _____ (dba): _____

As the authorized representative for the company applying for the TNTrade Market Access Program, I certify and agree to the following:

- I/the company certifies that the business entity is in good standing under the laws of the jurisdiction(s) in which the entity is organized or authorized to conduct business and that no delinquent taxes are owed to any taxing entity;
- I/the company authorizes ECD to utilize credit bureau/reporting agencies and/or its own agents for purposes of verifying the accuracy of any information provided by borrower and for purposes of assessing and monitoring borrower credit status;
- I/the company agrees to have its application reviewed by representatives from the Tennessee Department of Economic and Community Development (ECD), Tennessee Small Business Development Centers and United States Department of Commerce;
- As a recipient of federal funds, I agree that my business will comply with Title VI regulations;
- If the reimbursement is awarded, I/the company understands that the U.S. Small Business Administration and Tennessee's Comptroller offices may choose to audit ECD's TNTrade program spending; and
- I/the company will respond to ECD's quarterly surveys requesting export-related data about the company, including monetary value of exports to each company, during a three-year period following the receipt of funds or services under the TNTrade initiative.

Signature of Authorized Company Representative: _____

Print Name: _____

Date: _____



U.S. SMALL BUSINESS ADMINISTRATION
WASHINGTON, D.C. 20416

SELF REPRESENTATION AS
AN ‘ELIGIBLE SMALL BUSINESS CONCERN’

The undersigned seeks services from a State grant recipient under Public Law 111–240 § 1207, Small Business Jobs Act, which authorized the State Trade and Export Promotion Program.

A. Section 1207 of P.L. 111-240 defines the term ‘eligible small business concern,’ as:

“...a small business concern that--(A) has been in business for not less than the 1-year period ending on the date on which assistance is provided using a grant under this section; (B) is operating profitably, based on operations in the United States; (C) has demonstrated understanding of the costs associated with exporting and doing business with foreign purchasers, including the costs of freight forwarding, customs brokers, packing and shipping, as determined by the Associate Administrator; and (D) has in effect a strategic plan for exporting;”

B. For purposes of implementing the STEP Program, the U.S. Small Business Administration (SBA) operationally defines the term ‘eligible small business concern,’ as an entity that:

1. *Complies with SBA size standards found at 13 C.F.R. Part 121 (http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title13/13cfr121_main_02.tpl);*
2. *Has been in business for not less than the 1-year period ending on the date on which assistance is provided under a STEP grant;*
3. *Is operating profitably, based on operations in the United States;*
4. *Has demonstrated understanding of the costs associated with exporting and doing business with foreign purchasers, including the costs of freight forwarding, customs brokers, packing and shipping; and,*
5. *Has in effect a strategic plan for exporting.*

Submitting false information in order to obtain services from a STEP grant recipient is a violation of Federal law. If you submit false information the Government may seek criminal, civil, and/or administrative remedies against you, pursuant to 18 U.S.C. §§ 1001, 1040; and 31 U.S.C. §§ 3729–3733. The Government may elect to exclude you from further participation in certain Federal programs and contracts if you submit false information in connection with receiving services from a STEP grant recipient.

I hereby certify that the business that I represent is seeking services from a state recipient under the STEP Program, and is an ‘eligible small business concern,’ pursuant to Paragraph B., above.

Signature

Date

Title

Company



**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to which this proposal is submitted.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Business Name _____

Date _____

By _____
Name and Title of Authorized Representative

Signature of Authorized Representative

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations (13CFR Part 145).

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not aware it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.